

Medicare Hospital Payment Report: Field Descriptions

Fields	Descriptions
Total Payment:	The sum of Medicare payments for the DRG including DRG, Teaching, Disproportionate Share, Capital, and Outlier payments for all cases. Also included in Medicare Payments are co-payments and deductibles paid by patients.
Covered Charges:	The sum of the charges for services covered by Medicare for all cases in the DRG. These will vary from hospital to hospital because of differences in hospital charge structures.
* Number of Cases:	The number of discharges assigned to the DRG. See "Privacy" under Special Notes.
* National Average Payments:	The sum of the total payments of all hospitals in the nation divided by the number of cases in the nation for the DRG.
* National Average Charges:	The sum of the covered charges of all hospitals in the nation divided by the number of cases in the nation for the DRG.
* Range of Total Payments, by County	The range of payments between the 25th percentile and the 75th percentile. This range excludes the lowest 25 percent of payments and the highest 25 percent of payments. It is the range of payments for the most typical cases treated in the geographic area for the DRG. It excludes unusually low payments for cases such as those where a patient is transferred to another facility before receiving a full course of treatment. It also excludes unusually high payments for cases that are more complex and costly to treat than is typical for most cases in the DRG. Only one number appears in this field when the 25th and 75th percentiles are equal. See "Privacy" under Special Notes.
Privacy:	An asterisk (*) appears in the table where data cannot be disclosed due to Privacy rules.

Data are from the December 2005 update of the Fiscal Year 2005 Medicare Provider Analysis and Review File (MedPAR).

Source: Data from U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Updated 31 May 2006.
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